



FOR VALIDATION ONLY

**APPLICATION FOR LICENSURE AS A/AN  
FUNERAL DIRECTOR/EMBALMER**

☐ FUNERAL DIRECTOR

☐ EMBALMER

**Make remittance payable to State Treasurer.  
Send this application with your remittance to:  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048**

*Please type or print clearly in dark ink*

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (F or M) \_\_\_\_\_

Address \_\_\_\_\_

IF YOU ARE CONCERNED ABOUT PUBLIC ACCESS TO THIS INFORMATION, YOU MAY USE MAILING OR BUSINESS ADDRESS HERE

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Daytime Telephone No. ( ) \_\_\_\_\_ \*Social Security No. \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

*\* State law, RCW 26.23.150, requires you to furnish your Social Security Number when you apply for this license. Resident aliens, without a Social Security Number, must furnish their Individual Tax Identification Number.*

Have you taken the National Board Exam given by the Conference of Funeral Service Examining Boards? ☐ YES ☐ NO

Are you currently, or have you ever been registered as an apprentice funeral director and/or embalmer in Washington? ☐ YES ☐ NO

Have you ever applied for the funeral director or embalmer examination in Washington prior to this application? If yes, approximate date \_\_\_\_\_ ☐ YES ☐ NO

Have you ever been known under any other name? If yes, list name(s) \_\_\_\_\_ ☐ YES ☐ NO

**Note:** The funeral director and embalmer professions are regulated under RCW 18.39. For each "Yes" response below, please attach a letter of explanation, certified copies of records and orders from the agencies concerned, decisions and statements of charges, final orders, court records or filings or convictions, and all other related documentation.

1. Within the past ten years, have you engaged in any of the conduct described in RCW 18.235.130? ☐ YES ☐ NO

2. Within the past ten years, have you been found guilty in a criminal, civil, administrative agency, professional association or certifying agency proceeding of any of the conduct described in RCW 18.235.130, or have you agreed to a stipulation or settlement in lieu of or as a result of such a proceeding? ☐ YES ☐ NO

**ATTESTATION**

I, the undersigned, certify that I am the person referred to in this application for licensure as a funeral director and/or embalmer in Washington. I hereby authorize all institutions or organizations, employers (past and present), business and professional associates (past and present), and all government agencies (local, state, federal or foreign) to release to the Board of Funeral Directors and Embalmers any information, files or records requested by the board in connection with the processing of this application.

I have read RCW 18.235.130, and I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made herein by me are true and correct. **Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice as a funeral director and/or embalmer in Washington State.**

Applicant's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**If application information is incomplete, the application will not be processed.**

## APPRENTICE TRAINING - if applicable, list any apprentice training you have received



NAME OF ESTABLISHMENT	TYPE OF APPRENTICESHIP <input type="checkbox"/> F. Director <input type="checkbox"/> Embalmer	FROM (Mo/Da/Yr) TO (Mo/Da/Yr)
ADDRESS (Street, City, State, and Zip)		
SUPERVISING LICENSEE		TOTAL HOURS OF TRAINING
NAME OF ESTABLISHMENT	TYPE OF APPRENTICESHIP <input type="checkbox"/> F. Director <input type="checkbox"/> Embalmer	FROM (Mo/Da/Yr) TO (Mo/Da/Yr)
ADDRESS (Street, City, State, and Zip)		
SUPERVISING LICENSEE		TOTAL HOURS OF TRAINING
NAME OF ESTABLISHMENT	TYPE OF APPRENTICESHIP <input type="checkbox"/> F. Director <input type="checkbox"/> Embalmer	FROM (Mo/Da/Yr) TO (Mo/Da/Yr)
ADDRESS (Street, City, State, and Zip)		
SUPERVISING LICENSEE		TOTAL HOURS OF TRAINING
NAME OF ESTABLISHMENT	TYPE OF APPRENTICESHIP <input type="checkbox"/> F. Director <input type="checkbox"/> Embalmer	FROM (Mo/Da/Yr) TO (Mo/Da/Yr)
ADDRESS (Street, City, State, and Zip)		
SUPERVISING LICENSEE		TOTAL HOURS OF TRAINING

## PROFESSIONAL EXPERIENCE - chronologically list all professional funeral experience\*

TITLE OF POSITION	FROM (Mo/Da/Yr) TO (Mo/Da/Yr)
DESCRIPTION OF WORK/TYPE OF EXPERIENCE	
NAME OF ESTABLISHMENT	SUPERVISOR
ADDRESS (Street, City, State, and Zip)	
TITLE OF POSITION	FROM (Mo/Da/Yr) TO (Mo/Da/Yr)
DESCRIPTION OF WORK/TYPE OF EXPERIENCE	
NAME OF ESTABLISHMENT	SUPERVISOR
ADDRESS (Street, City, State, and Zip)	
TITLE OF POSITION	FROM (Mo/Da/Yr) TO (Mo/Da/Yr)
DESCRIPTION OF WORK/TYPE OF EXPERIENCE	
NAME OF ESTABLISHMENT	SUPERVISOR
ADDRESS (Street, City, State, and Zip)	
TITLE OF POSITION	FROM (Mo/Da/Yr) TO (Mo/Da/Yr)
DESCRIPTION OF WORK/TYPE OF EXPERIENCE	
NAME OF ESTABLISHMENT	SUPERVISOR
ADDRESS (Street, City, State, and Zip)	

\* Other than that listed under apprentice training.

## COLLEGE EDUCATION - please list chronologically



NAME OF INSTITUTION		FROM (Mo/Da/Yr)	TO (Mo/Da/Yr)
ADDRESS (Street, City, State, and Zip)			
DEGREE RECEIVED		DATE GRADUATED (Year)	
NAME OF INSTITUTION		FROM (Mo/Da/Yr)	TO (Mo/Da/Yr)
ADDRESS (Street, City, State, and Zip)			
DEGREE RECEIVED		DATE GRADUATED (Year)	
NAME OF INSTITUTION		FROM (Mo/Da/Yr)	TO (Mo/Da/Yr)
ADDRESS (Street, City, State, and Zip)			
DEGREE RECEIVED		DATE GRADUATED (Year)	
NAME OF INSTITUTION		FROM (Mo/Da/Yr)	TO (Mo/Da/Yr)
ADDRESS (Street, City, State, and Zip)			
DEGREE RECEIVED		DATE GRADUATED (Year)	
NAME OF INSTITUTION		FROM (Mo/Da/Yr)	TO (Mo/Da/Yr)
ADDRESS (Street, City, State, and Zip)			
DEGREE RECEIVED		DATE GRADUATED (Year)	

## PREVIOUS FUNERAL SERVICE LICENSURE

STATE/ JURIS.	PROFESSION	LICENSE		PERMANENT/ TEMPORARY	LICENSE RECEIVED BY:		CURRENT	
		YEAR	NUMBER		EXAMINATION	OTHER	YES	NO